|  |               |                                  |              |                  |     | Application or Docket Number |                        |                |                     |                        |  |
|--|---------------|----------------------------------|--------------|------------------|-----|------------------------------|------------------------|----------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR   |               |                                  |              |                  |     |                              | 10/603297              |                |                     |                        |  |
| . Effective January 1, 2003  |               |                                  |              |                  |     |                              | (3.                    | <del>2  </del> | 1064                | <u>- US</u>            |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |               |                                  |              |                  |     | _                            | YTTM                   | OR             | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS 27  |               | 27                               |              |                  |     | RATE                         | FEE                    | 1              | RATE                | FEE                    |  |
| FOR  | NUMBER FILED  |                                  | NUMBER EXTRA |                  | BA  | BASIC FEE 375.00             |                        | OR             | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  | 3 2 minus 20= |                                  | • 7          |                  | 7   | X\$ 9=                       |                        | OR             | X\$18=              | 126                    |  |
| INDEPENDENT CLAIMS   | 2 mi          | nus 3 =                          | _            | > x              |     | X42=                         |                        | OR             | X84=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |               |                                  |              |                  | Ι,  | +140=                        |                        |                | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |               |                                  |              |                  | L   | TOTAL                        |                        | OR<br>OR       | TOTAL               | 276                    |  |
| CLAIMS AS AMENDED - PART II  10-30-63 (Column 1) (Column 2) (Column 3)   |               |                                  |              |                  |     | MALL                         | ENTITY                 | OR             | OTHER<br>SMALL      | , , , , , , ,          |  |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Independent • 2   |               | HIGH<br>NUMI<br>PAEVIC<br>PAID   | BER          | PRESENT<br>EXTRA | f   | RATE                         | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total . 27   | Minus         | ** el.                           |              | =                | )   | <b>(\$ 9=</b>                |                        | OR             | X\$18=              |                        |  |
| Independent • 2  | Minus         | *** F                            |              | <u> </u>         | 7   | <b>K42=</b>                  |                        | OR             | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |               |                                  |              |                  |     |                              |                        |                | +280=               |                        |  |
| II IE N  |               |                                  |              |                  |     | 140=                         |                        | OR             | TOTAL               |                        |  |
| 11-12-00   |               |                                  |              |                  |     | OIT. FEE                     |                        | OR             | ADDIT. FEE          |                        |  |
| (Column 1) CLAIMS  |               | HIGH                             | EST          | (Column 3)       | _   |                              | ADDI-                  | 1              |                     | ADDI-                  |  |
| REMAINING AFTER AMENOMENT  Total Independent Independent   |               | PREVIO<br>PAID                   | USLY         | PRESENT<br>EXTRA | F   | RATE                         | TIONAL                 | ·              | RATE                | TIONAL                 |  |
| Total • 25   | Minus         | 7                                | 1            |                  | ×   | (\$ 9=                       |                        | OR             | X\$18= .            |                        |  |
| FIRST PRESENTATION OF MI   | Minus         | EPHNDEADECIAIM [7]               |              |                  |     | (42≖                         |                        | OR             | X84=                |                        |  |
|  |               |                                  |              |                  |     | 140=                         |                        | OR             | +280=               |                        |  |
|  |               | •                                |              |                  | ADD | TOTAL                        |                        | OR             | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1)   |               | (Colun                           |              | (Column 3)       |     |                              |                        |                | •                   |                        |  |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  Independent  |               | HIGH<br>NUME<br>PREVIO<br>PAID I | BER          | PRESENT<br>EXTRA | R   | ATE                          | ADDI<br>TIONAL<br>FEE  |                | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total  | Minus         | **                               |              |                  | X   | \$ 9=                        |                        | ÖR             | X\$18=              |                        |  |
| Independent •  | Minus         | -                                |              | =                | x   | 42=                          |                        |                | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |               |                                  |              |                  |     |                              |                        | OR             |                     |                        |  |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> </ul>                                |               |                                  |              |                  |     | 140=                         |                        | OR             | +280=               |                        |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE |               |                                  |              |                  |     |                              |                        |                |                     |                        |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.        |               |                                  |              |                  |     |                              |                        |                |                     |                        |  |